

CHAPTER 5

ADMINISTRATIVE POLICIES AND PROCEDURES

The following regulations will control the financial obligation of Douglas County Nebraska to expend funds on behalf of any individual eligible to receive General Assistance, Primary Health Care Network benefits and/or Cremation Assistance.

General Provisions

5:100 Completed Application: Douglas County will assume no liability to provide program benefits to any individual who fails to complete a written application within the time specified by a program's requirements. A written request for assistance will not act as a substitute for such written application.

5:101 Notice of Finding: After an application for Primary Health Care Network benefits has been completed and eligibility has been determined, a Notice of Finding will be sent to the applicant/authorized representative within thirty (30) days from the date the application is completed, as defined in Chapter 1, Section 1:008, herein, unless circumstances beyond control of the client and/or County necessitate a delay. In all such cases, the delay shall be documented in the case file. The Notice of Finding will indicate one of the following findings:

- a) Approval
- b) Payment(s) denied or other party determination pending
- c) Denial

In the case of a hospitalization, a copy of the Notice of finding will be provided to the referring hospital. The Department shall provide a monthly list to the County Board of Commissioners of those applications pending sixty (60) days or longer by date of application.

5:102 Availability of Funds: The obligation of Douglas County to provide assistance under any program shall be subject to the availability of funds in the fiscal year.

5:103 Approved Vendors: Even though an individual is qualified to receive program benefits, Douglas County shall not make payment for any service unless:

- a) The provider of those services is an approved vendor and complies with the appropriate program regulations.

- b) The vendor agrees to reimburse Douglas County in the event payment is made for goods or services which are subsequently not provided. Such reimbursement shall be in whole or in part based upon actual goods or services provided.
- c) The dwelling/place of residence is not a drug or alcohol treatment or supportive living facility that mandates behavioral restrictions as a condition of occupancy.

General Assistance Payments

5:200 Housing Payments: In all cases, the place of residence must be located within the geographic boundaries of Douglas County. Under no circumstances are security deposits or application fees paid. In order to receive payments, the vendor receiving payments must either be:

- a) the title holder of record of the real estate where the applicant/recipient resides; or,
- b) the designated agent of the title holder of record of the real estate where the applicant/recipient resides; or,
- c) the mortgage holder of record to the real estate where the applicant/recipient resides; or,
- d) the buyer of real estate on Land Contract or by order of the court. If the title of record is still in the name of the seller or a trustee, a copy of the contract must be provided to the Department of General Assistance.

All property owners receiving payments must complete the Department's vendor certification process to describe the type of dwelling unit and, if needed, designate a payee. Vendors must also agree to notify the Department of General Assistance of any change in the client's address and/or living arrangements, including persons moving into and out of the dwelling unit, or if the client vacates the property. Douglas County may seek reimbursement for any rent payments made based on false information provided by the vendor. Since the Department of General Assistance does not pay utility deposits, clients are encouraged to locate housing with utilities included in the rent payment.

5:201 Assisted Living: In order to be an approved vendor eligible to receive payment, the facility must be properly licensed as such by the State of Nebraska. Payment will be made at the State rate, determined by the type of facility. Such payment will only be made if there is a documented medical need.

5:202 Other Types of Assistance: Payment for other General Assistance approved items, such as transportation, food, clothing and non-food payments shall be made only to vendors who comply with the County's policies and requirements. Cremation Assistance shall be issued according to Chapter 6 provisions herein.

Primary Health Care Network Approved Vendors

5:300 Hospitals: In order to be an approved vendor and eligible to receive payments for medical care provided to a qualified Primary Health Care Network recipient, the hospital must have a signed agreement with Douglas County to participate in the Primary Health Care Network, which agreement was in effect at the time medical care was provided. Reimbursement for authorized services will be made at the established Primary Health Care Network rate in effect at the time services are provided.

5:301 Medical Providers: In order to be an approved vendor and eligible to receive payments for medical goods or services provided to a qualified Primary Health Care Network client, the medical provider must have a signed agreement with Douglas County in effect at the time that medical goods or services were provided unless the conditions outlined in 5:404 herein are met.

Authorized Medical Services

5:400 Prior Authorization: All specialized medical care must be prior authorized by the Primary Health Care Network Medical Consultant or designee unless otherwise provided for herein. Prior authorization shall consist of a written referral from the Primary Health Care Network (PHCN) designating the hospital and/or medical provider authorized to provide care, specifying the nature of the medical service being authorized and that the medical care is to be provided within a specified period of time. Verbal authorization may initially be given by the PHCN, to be followed by a written referral.

5:401 Patient Rotation: Clients requiring specialty services and/or hospitalization shall be assigned to a participating medical provider and/or hospital by the Clinic practitioner

and/or Medical Consultant. Every effort will be made to assure that referrals are determined on an equitable basis taking into consideration:

- a) The availability of services and space at contracting hospitals;
- b) the ability of the specialty physician accepting the referral to admit patients to a contracting hospital, and
- c) the importance of continuity of treatment in selecting a physician and/or hospital.

5:402 Prescription Drugs: All drugs and durable medical equipment prescribed through the Primary Health Care Network will be dispensed in accordance with the approved Primary Health Care Network Formulary. It is the policy of Douglas County Primary Health Care Network to only prescribe narcotics for the management of pain associated with immediate post-surgical discomfort, trauma, and/or terminal illness. The Formulary contains other non-narcotic analgesics which are dispensed for all other situations requiring pharmaceutical pain management. A maximum of five (5) days worth of prescription drugs and/or durable medical equipment may be issued by the hospital pharmacy to a qualified Primary Health Care Network patient if dismissal from the hospital occurs when the Primary Health Care Network Clinic is closed.

5:403 Hospital Discharge Protocol: If follow-up treatment, medications, and/or durable medical equipment are required post hospitalization, the Primary Health Care Network Clinic must be contacted (402-444-7540), prior to discharge. An appointment must be scheduled and appropriate arrangements made to insure continuity of care upon discharge. If the patient is not currently receiving assistance through the Department of General Assistance Primary Health Care Network he/she must first schedule with Intake and Referral by calling (402)444-6215. Hospital discharges will be seen within 1-2 working days whenever possible. Medications and/or durable medical equipment shall be provided by the discharging hospital until the patient is seen in the Primary Health Care Network Clinic, or for a maximum of five (5) days.

5:404 Emergency Medical Care: Approved vendors may be eligible to receive payments for emergency medical care and/or subsequent inpatient hospitalization provided:

- a) Medically necessary emergency care was provided because of a life threatening/life trauma condition; as defined in Chapter 1, herein.

- b) The medical provider must notify the Primary Health Care Network within twenty four (24) hours or the first working day following a weekend/holiday if medical services, as described in (a), were provided to a Primary Health Care Network patient who was discharged from the emergency room.
- c) The medical provider notifies the Primary Health Care Network within twenty-four (24) hours of admission or the first working day following a weekend/holiday admission during established office hours, that they are providing medical care to a patient actively enrolled or potentially eligible for Primary Health Care Network coverage and give the following information:
 - 1) Patient identification.
 - 2) Medical diagnosis.
 - 3) Patient's physician.
- d) The Medical Consultant, or designee, upon completion of a review of pertinent medical records, certifies that the medical treatment was for a life threatening/life trauma condition and only medically necessary care was provided, as defined in Chapter 1, herein.

5:405 Continued Hospitalization/Inpatient Review: The Medical Consultant or designee may at any time assign a County practitioner to evaluate the patient and treatment plan and determine whether:

- a) continued care should be authorized; or,
- b) the patient could be transferred to a step-down care facility; or,
- c) treatment could be provided on an outpatient basis. Any determination so made shall be noted on the patient's medical records. In the event continued care is not authorized, Douglas County shall not assume liability for payment of medical expenses incurred from and after the date such determination is made.

5:406 Dental Care: Medically necessary emergency dental care may be provided. All dental care must be prior authorized as specified in section 5:400, herein. Dental care outside the scope of this section may be provided if in the opinion of the Medical Consultant, or designee, and in consultation with the County appointed dentist, the same is necessary for the health of the patient. In all such cases, the decision of the Medical Consultant or

designee is final. In no case will care be authorized for procedures which are wholly or mainly cosmetic.

5:407 Visual Care Services: All Primary Health Care Network patients will have the initial visual acuity exam completed by the Primary Health Care Network Clinic medical personnel. Reading glasses will be provided through a nonfood certificate for over the counter purchase. Routine visual care services will be referred to any available community resources. Services provided by Primary Health Care Network Clinic referral to an outside provider may include:

Eye examinations, office visits, and other ophthalmological/optometric procedures when prior authorized and medically necessary and appropriate to treat or diagnose a specific illness, symptom, complaint, or injury. All vision care must be prior authorized as specified in Section 5:400, herein. Vision care outside the scope of this section may be provided if in the opinion of the Medical consultant, or designee, the same is necessary of the health of the patient.

Payment for visual services is based on “actual cost” of material(s) as shown on the laboratory invoice plus the allowable/appropriate dispensing fee(s). Payment cannot exceed the allowable dollar amount listed in the Medicaid Practitioner Fee Schedule.

Non-Reimbursable Services

Medically necessary services will be provided through the Primary Health Care Network and are therefore non-reimbursable expenses when delivered by an otherwise approved vendor, unless specifically authorized by the Medical Consultant or designee.

5:500 Clinic Services: The Douglas County Department of General Assistance operates the Primary Health Care Network Clinic for approved/eligible Douglas County residents. All qualified clients shall access medical care through the Clinic. Clinic hours will be from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays observed by Douglas County. The Clinic is staffed by licensed clinical practitioners under the medical supervision of the Medical Consultant or designee.

5:501 Douglas County Support Services: Douglas County provides other supportive medical services deemed to be medically necessary, in addition to those provided

through the Primary Health Care Network Clinic. In all cases, these resources will be utilized unless a specific exception is authorized by the Medical Consultant or designee. Support services that may be provided by Douglas County include:

- a) limited x-ray services,
- b) limited laboratory services,
- c) pharmacy services and central supply services,
- d) outpatient physical therapy, respiratory therapy, occupational therapy, speech therapy, dietary services
- e) outpatient mental health treatment, and
- f) emergency dental

5:502 Follow-Up Care: All qualified Primary Health Care Network clients shall receive follow-up care directed through the Primary Health Care Network Clinic upon discharge from any hospital. The hospital discharge coordinator must contact the Primary Health Care Network Clinic to arrange all follow up medical care.

Payment Procedures for Medical Care

5:600 Submitting Charges: All medical vendors seeking reimbursement from the Primary Health Care Network (PHCN) must include the appropriate PHCN referral number(s) and procedure code designations for the services provided in order for the bill to be processed for payment. Any bills received that do not include this information shall not be processed. All bills must be received and/or resubmitted within ninety (90) days of the date of the last services provided or payment will be denied.

5:601 Payment of Charges: All bills submitted in compliance with Section 5:600 herein, shall be paid within a reasonable time, not to exceed forty five (45) days, unless an application for Primary Health Care Network coverage is pending, or the client has been denied coverage and is in the process of appealing the County's decision. If the County's fiscal year-end policies limit access to Department funds, a delay in payment may occur.

5:602 Notice of Non-Coverage: If all or any portion of the medical expenses billed (other than adjustments to reflect the established Primary Health Care Network rate in effect at

the time services were provided) are denied because such expenses were for non-covered services, a Notice of Finding shall be issued to the client indicating that coverage has been denied and the reason for the denial. The medical vendor(s) shall also receive written notice of the denial.

- 5:603 Notice of Finding: Request for Reconsideration:** If a Notice of Finding has been issued following a request for retroactive PHCN payment, as specified in Section 3:410, herein, a written request for reconsideration of payment will be considered, provided that a written request is submitted by the applicant/recipient or authorized representative within ninety (90) days of the date that the application(s) for other medical benefits was/were denied and any appeals/reconsideration process has/have been exhausted and the other provisions of Chapter 5, herein, have been met. However, under no circumstances will a Notice of Finding be rescinded (withdrawn) and payment issued if the recipient or authorized agent failed to make good faith effort to fully pursue any benefit or claim or failed to cooperate with any program/benefit to which he/she may be entitled. A final Notice of Finding will be issued upon completion of the review of the request for reconsideration.
- 5:604 Right to Appeal:** An individual who has suffered a loss or reduction of benefits based upon the provisions of this chapter shall have the right to appeal such adverse action as provided for in Section 1:300 through 1:303 herein.